FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  M5 Networks, Inc.		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE	-OEWED
A. BASIC IDENTIFICATION DATA	7	NIAR A 11 2000
1. Enter the information requested about the issuer	-	74 2003
Name of Issuer (  check if this is an amendment and name has changed, and indicate change.)	•	
M5 Networks, Inc.		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Nur	mber (Including Area Code)
15 West 26th Street - 7th Floor, New York, NY 10010	(646) 230	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)		omber (Including Area Code)
Brief Description of Business		
communications service provider		
Type of Business Organization  X corporation   limited partnership, already formed   other (p	please specify):	03018727
Month Year  Actual or Estimated Date of Incorporation or Organization: O		PROCESSE
GENERAL INSTRUCTIONS	مد بریا	
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17	THOMSON CFR 230.50 FINANCIALS.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.		
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	)549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any co	pies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repethereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.		
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim f accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Admin or the exemption,	nistrator in each state where sales a fee in the proper amount shall
ATTENTION —		
Failure to file notice in the appropriate states will not result in a loss of the federal e	exemption. Cor	nversely, failure to file the

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appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

		≎ A. BASIC IDE	VLIFICATION DATA		
Each beneficial owner	issuer, if the issuer having the power and director of o	er has been organized wit to vote or dispose, or dire corporate issuers and of c	•		a class of equity securities of the issupartnership issuers; and
	X Promoter	X Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
(im, Phillip Y. ull Name (Last name first, if i	ndividual)		<u></u> ,		
.5 West 26th Stre dusiness or Residence Address				0010	
Check Box(es) that Apply:  Hoffman, Daniel  July Name (Last name first, if	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
L5 West 26th Stre Business or Residence Address	et - 7th 1			0010	
Check Box(es) that Apply: Anderson, Scott C		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if 15 West 26th Stre Business or Residence Addres	et - 7th 1			0010	
Check Box(es) that Apply: Erde, Michael	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if 15 West 26th Stre Business or Residence Addres	et - 7th			0010	
Check Box(es) that Apply: Targoff, Michael	Promoter	Beneficial Owner	Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first, if 15 West 26th Stre	,	Floor, New Yor	k. New York 1	0010	
Business or Residence Address					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	r Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip (	Code)		
	(I lee hi	ank sheet or conviand us	e additional copies of this	s sheet as necessar	

					B. IN	CORMATIC	N ABOUT	OFFERIN	<b>G</b>				
1.	Has the i	esuar cold	or does the	icouer int	end to sell	to non-sc	redited in	vectors in 1	hic offerin	αĵ		Yes	No No
١.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Ø	
2.	What is t	he minimu	m investme			• •	•	_			••••••	<u>\$_100</u>	,000
_												Yes	No
3.		- •	ermit joint	•	_							X	
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of sucl a broker or dealer, you may set forth the information for that broker or dealer only.												
Fu	I Name (L	ast name t	irst, if indiv	vidual)									
Bu	siness or F	Residence A	Address (N	umber and	Street, Cit	y, State, Zi	p Code)						·
Na	me of Ass	ociated Bro	ker or Dea	ler									
<u> </u>	toe in Whi	ah Darsan	Listed Has	Soliaited		to Saliait B							
312			or check i					**********	*******	*************	*************		States
	[AL]	AK IN	[AZ]	AR KS	CA KY	CO LA	[CT]	DE MD	DC MA	FL MI	GA MN	MS MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	<u>OK</u>	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	Il Name (I	Last name	first, if indi	vidual)									
Bı	isiness or	Residence	Address (N	Number and	d Street, C	ity. State. 7	Zin Code)		·	<del>-</del>			
_													
N	ame of Ass	sociated Br	oker or De	aler									
St	ates in Wh	rich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		•	_	·		
	(Check	"All States	" or check	individual	States)		***************	••••••	***************************************	***************************************	• • • • • • • • • • • • • • • • • • • •	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
<u>_</u>			first, if ind										
r	uii Naille (	Last name	mst, ma	ividual)									
B	usiness o	r Residence	Address (	Number ar	nd Street, C	City, State,	Zip Code)						
<u></u>	lame of As	sociated B	roker or De	ealer			·						
5	tates in W	hich Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchaser	3	<del></del>	·			<del></del>
_			s" or check		-							. 🗌 А	Il States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA

## C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Aiready Sold
	Debt	<u>-0-</u>		\$0
	Equity	s -0-		\$ -0-
	Common Preferred			
	Convertible Securities (including warrants)	s_100,000		s_100,000
	Partnership Interests	s <u>-</u> 0-		\$0-
	Other (Specify)	\$ <u></u> -0-	_	\$0-
	Total	s 100,000		\$ 100,000
	Answer also in Appendix, Column 3, if filing under ULOE.			<u>-</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;		Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors			\$ <u>100,000</u>
	Non-accredited Investors	0		s <u>-0-</u>
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504	·	_	\$
	Total	·	_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	r.		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees	*******		\$ 1,250
	Accounting Fees			\$125
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$ <u>-0-</u>
	Total			\$1,375

	C. OFFERING PRICE: NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>98,625</u>
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		so_
	Purchase of real estate	□ \$ <u>-0-</u>	s
	Purchase, rental or leasing and installation of machinery and equipment	⊓\$ -0-	so
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)	_	
	Repayment of indebtedness		
	Working capital		
	Other (specify):		
		so	s <u>-0-</u>
	Column Totals	<u> </u>	\$ <u>98,625</u>
	Total Payments Listed (column totals added)	\$_ <u>_</u>	98,625
	D. FEDERAL SIGNATURE,		
si	ne issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this noti- gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm e information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission, upon writ	
Īs	suer (Print or Type) Signature	Date	
	M5 Networks, Inc.	3/14/2003	
N	ame of Signer (Print or Type)  Title of Signer (Print or Type)		
	Phillip Y. Kim Vice President and Treasure	r	

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
M5 Networks, Inc.	Mill	3/14/2003
Name (Print or Type)	Title (Print or Type)	
Phillip Y. Kim	Vice President and	Treasurer

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		and the second		AP	PENDIX 2			To Survey 100	
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)				ification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ							- · · · · ·		
AR									
CA									
СО									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
ΙA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									

				APPI	NDIX :	po racina partia de Pagino.			
1	to non-a investor	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH									
NJ									
NM									
NY		х	Convertible \$100,000	1	100,000	-0-	-0-		X
NC									
ND									
ОН									
ОК			·						
OR									
PA									
RI									
sc									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV	,								
WI									

				APPE	ENDIX				
1	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)		under Sta (if yes, explana waiver	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									